MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52							
3	/						53							
4		/					54							
5	/						55							
6		/					56							
7	/						57							
8		/					58							
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10		/					60							
11	/						61							
12		/					62							
13	/						63							
14	/						64							
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17	/						67							
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40						'	90							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	16						TOTAL IND.							
TOTAL DEP.	6						TOTAL DEP.							
TOTAL CLAIMS	22						TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS